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| 10/686,900 | 10/16/2003 | Milton B. Maxwell JR. | N9461-ICW | 8588 |

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| EXAMINER |
|---|
| RAPILLO, KRISTINE K |

| ART UNIT | PAPER NUMBER |
|---|---|
| 3626 | |

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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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| Office Action Summary | Application No. | Applicant(s) | |
|---|---|---|---|
| | 10/686,900 | MAXWELL ET AL. | |
| | Examiner | Art Unit | |
| | KRISTINE K. RAPILLO | 3626 | |

*-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --*

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

1)☒ Responsive to communication(s) filed on *24 June 2008*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

4)☒ Claim(s) *1-31* is/are pending in the application.

4a) Of the above claim(s) *20* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-19 and 21-31* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

**Application Papers**

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *1/16/2004*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

## DETAILED ACTION

### *Notice to Applicant*

1. This communication is in response to the amendment filed June 24, 2008. Claims 1 – 4, 6 – 8, 11, 13, 15, 18, 21, and 23 are amended. Claim 20 is cancelled. Claims 29 – 31 are new. Claims 1 – 19 and 21 – 31 are presented for examination.

### *Claim Rejections - 35 USC § 112*

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claim 8 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The limitation "category of severity of the identified severe and moderate drug-drug interactions and the identified disease/drug contra indications and category of severity of the identified disease/drug contra indications" is unclear. For the purpose of Examination, the Examiner has interpreted this phrase to be compiling the various categories of drug-drug interactions and disease/drug contraindications into a database.

### *Claim Rejections - 35 USC § 103*

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

6. Claims 1 –24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Goetz, herein after Goetz (U.S. Patent No. 6,421,650 B1) in view of Hacker (U.S. Patent No. 6,988,075 B1), further in view of Mayaud (U.S. Patent Number 7,072,840).

In regard to claim 1 (Currently amended), Goetz teaches a medical information processing method, comprising: (b) compiling said data into a data processing system (column 12, lines 56 – 59); (e) identifying at least one item of consequential information from the following group: a side effect of the medication, a drug-drug interaction of the medication, and a therapeutic class of the medication (column 6, lines 56 – 59 and column 12, lines 1 – 24); (f) inserting said at least one item into the data processing system (column 9, lines 14 – 23); (g) enabling a third-party user to access said information and item from a location remote from the location of said data processing system (column 6, lines 1 - 19) where a pharmacist can access data from a system located in a pharmacy; and (h) facilitating the display of said item to the user (column 12, lines 11 - 21).

Goetz fails to teach a method comprising (a) gathering medication specific data for the medication of a patient from a plurality of independent sources; (c) identifying at least one disease the patient may have based on the medication specific data; and, (d) generating one or more disease/drug contra-indications based upon relationships between the at least one disease and the medication specific data.

Hacker teaches a method comprising (a) gathering medication specific data for the medication of a patient from a plurality of independent sources (column 10, line 60 through column 11, line 1)

Hacker fails to teach a method comprising (c) identifying at least one disease the patient may have based on the medication specific data and (d) generating one or more disease/drug contra-indications based upon relationships between the at least one disease and the medication specific data.

Mayaud teaches a method comprising (c) identifying at least one disease the patient may have based on the medication specific data (Figures 8 and 10; column 5, line 55 through column 6, line 12; column 35, lines 21 – 37; and, column 38, line 35 through column 39, line 7) where the display is Figure 8 can easily be transposed to list drugs and their associated diseases; and, (d) generating one or more disease/drug contra-indications based upon relationships between the at least one disease and the medication specific data (column 31, lines 33 – 47 and column 32, lines 29 – 36).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method comprising (c) identifying at least one disease the patient may have based on the medication specific data; and, (d) generating one or more disease/drug contra-indications based upon relationships between the at least one disease and the medication specific data as taught by Mayaud, within the method of Goetz and Hacker, with the motivation of providing a comprehensive computerized method of assisting a physician in the selection of pharmaceutical medications to minimize adverse reactions (column 14, lines 29 – 49).

In regard to claim 2 (Currently Amended), Goetz teaches a method, as per claim 1, for medical information processing wherein step (h) includes the step of facilitating the display of the side effect of the medication, which is severe and probable, and the therapeutic class of the medication to the user (column 10, line 60 through column 11, line 1). Goetz illustrates in Figure 20 a series of special instructions, which include side effects of a medication. In addition, Figure 23 shows a drug-drug interaction with the potential outcomes of a patient taking both medications.

In regard to claim 3 (Currently Amended), Goetz teaches a method, as per claim 1, wherein: step (h) includes facilitating the display of the one or more disease/drug contra-indications to the user (column 15, lines 41 – 45 and Figure 23).

Goetz and Hacker fail to explicitly teach one or more disease/drug contraindications to the user.

Mayaud teaches a method of displaying one or more disease/drug contraindications to the user (column 14, lines 40 – 43; column 31, 33 – 47; column 32, lines 29 – 36; and, column 53, lines 44 – 60).

The motivation to combine the teachings of Goetz, Hacker, and Mayoud is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 4 (Currently Amended), Goetz teaches a method, as per claim 1, wherein step (g) further comprises: assigning the user an identification code (column 2, lines 55 – 58) and assigning the user a pass code (column 10, lines 28 – 31 and Figure 13).

Goetz fails to teach a method wherein upon entry of an identification code and pass code, comparing the entered identification code and the pass code to the assigned identification code and the assigned pass code to authorize access to the information and item.

Hacker teaches a method wherein upon entry of an identification code and pass code, comparing the entered identification code and the pass code to the assigned identification code and the assigned pass code to authorize access to the information and item (column 7, lines 24 – 26 and lines 43 – 50].

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein upon entry of an identification code and pass code, comparing the entered identification code and the pass code to the assigned identification code and the assigned pass code to authorize access to the information and item as taught by Hacker with the motivation of allowing patients complete control of their medical records by enabling the patient to determine who has access to their records, as well as the level of access (column 7, lines 60 through column 8, line 3].

In regard to claim 5 (Original), Goetz teaches a method, as per claim 1, wherein step (a) the medication specific data further comprises at least one of the items of data selected from the following group: a name of the medication; an administration dose of the medication; a name of a health care provider that prescribed the medication; an original date of a prescription for the medication; a date of

exhaustion of the prescription for the medication; a set of instructions for administering the medication; and compliance information for the medication (column 6, line 56).

In regard to claim 6 (Currently Amended), Goetz teaches a method, as per claim 1, wherein: in step (a) the medication specific data includes information indicative of patient usage of prescribed medications (column 6, lines 46 – 47) and in step (e) the consequential information includes information regarding the indicated patient usage of prescribed medications (column 6, line 58 - 59).

In regard to claim 7 (Currently Amended), Goetz teaches a method, as per claim 1, wherein: step (g) includes enabling a selected class of users to access less than all of the consequential information (column 10, lines 28 – 31).

In regard to claim 8 (Currently amended), Goetz teaches a method of profiling the medication history of a patient, comprising:

- integrating said information into a data system that is accessible on-line (column 2, lines 59 – 67 and column 6, lines 22 -28);
- comparing the patient's medication information to a drug-drug interaction database to identify severe, moderate, and mild drug-drug interactions (column 15, lines 32 – 67); and,
- comparing the patient's medication information to a disease/drug contra indication database to identify severe and moderate disease/drug contra indications (column 15, lines 32 – 67).
- compiling in the data system the identified severe and moderate drug-drug interactions (Abstract; column 15, lines 32 – 45 and column 16, lines 6 – 14) where Goetz describes a system in which a severity rating is assigned (i.e. level 1 is a mild interaction), wherein the identified mild drug-drug interactions are suppressed (column 12, lines 1 – 21), and category of severity of the identified severe and moderate drug-drug interactions and the identified disease/drug contra indications and category of severity of the identified disease/drug contra indications (column 15, lines 32 - 45);

Goetz fails to teach a method comprising collecting the patient's medication information from medication distribution information of a plurality of health care providers; and facilitating access to information in said data system by a user through an on-line connection.

Hacker teaches a method comprising collecting the patient's medication information from medication distribution information of a plurality of health care providers (column 8, lines 4 – 13); and facilitating access to information in said data system by a user through an on-line connection (column 11, lines 7 – 12).

The motivation to combine the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

In regard to claim 9 (Original), Goetz teaches a method, as per claim 8, further comprising the step of facilitating the display of the patient's medication information to a user accessing the data system by providing a patient identification number and a patient pass code (column 2, lines 55 – 58; column 10, lines 28 – 31; and Figure 13).

In regard to claim 10 (Original), Goetz teaches a method, as per claim 8, wherein the patient's medication information further comprises at least one item of information taken from the following group: a name of a medication; an administration dose of the medication; a name of a health care provider that prescribed the medication; an original date of a prescription for the medication; a date of exhaustion of the prescription for the medication; a set of instructions for administering the medication; and compliance information for the medication (column 6, line 54 – 62).

In regard to claim 11 (Currently Amended), Goetz teaches a method, as per claim 8, further comprising the step of facilitating display of severe and moderate drug-drug interactions and severe and moderate disease/drug contra indications to a user entering a health care provider identification number and pass code (column 12, lines 56 – 64). The examiner interprets and OTC (Over-the-Counter) drug database to serve in the same capacity as a prescription drug database.

In regard to claim 12 (Original), Goetz teaches a method, as per claim 8, further comprising: determining indicated patient usage of the medications (column 6, 45 –47).

In regard to claim 13 (Currently Amended), Goetz teaches a method, as per claim 8, further comprising: enabling a health care provider to submit a proposed new medications (column 10, lines 50 – 67); and comparing the proposed new medication to both the databases to identify further drug-drug interactions and disease/drug contra indications (column 11, lines 29 - 33).

In regard to claim 14 (Original), Goetz teaches a method, as per claim 8, wherein: a selected class of users is facilitated access to less that all of said information (column 10, lines 28 – 31).

In regard to claim 15 (Currently Amended), Goetz teaches a method of generating a medical profile for a patient, comprising: (b) wherein the profile information excludes mild drug-drug interactions (column 12, lines 1 – 21), (c) facilitating the display of the patient medication information and profile information to a user (Figures 9 - 12) and (d) controlling the display of said patient medication information and profile information by providing an identification code and pass code to the user that must be entered for the user to gain access to the information (column 2, lines 55 – 58; column 10, lines 28 – 31; and Figure 13).

Goetz fails to teach a method of (a) storing in a data processing system patient medication information including medication distribution information obtained from a health care provider and (b) comparing the patient medication information to a database to identify profile information.

Hacker teaches a method of (a) storing in a data processing system patient medication information including medication distribution information obtained from a health care provider (column 8, lines 4 – 13 and column 7, lines 51 – 54) and (b) comparing the patient medication information to a database to identify profile information (column 11, lines 19 – 31).

The motivation for combining the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

In regard to claim 16 (Original), Goetz teaches a method of generating a medical profile as per claim 15.

Goetz fails to teach a method wherein step (a) further comprises entering into the data processing system patient medication information including medication distribution information obtained from a plurality of health care providers.

Hacker teaches a method wherein step (a) further comprises entering into the data processing system patient medication information including medication distribution information obtained from a plurality of health care providers (column 8, lines 4 – 13).

The motivation for combining the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

In regard to claim 17 (Original), Goetz teaches a method, as per claim 16, wherein in step (b) the profile information includes a severe side effect of the medication, a severe drug-drug interaction of the medication, and a therapeutic class of the medication (column 6, lines 45 –59).

In regard to claim 18 (Currently amended), Goetz teaches a method of providing medication information, comprising: (b) accessing a database containing medication specific characteristics including medication side effects (Abstract; column 2, lines 11 – 21; column 4, lines 62 – 65; and, column 6, lines 1 – 9); (c) comparing the patient medication information and the medication specific characteristics (column 21, lines 1 – 8 and column 22, lines 8 – 31); (d) generating profile information, wherein the profile information excludes the medication side effects that are mild (Abstract; Figure 23; column 6, lines 31 – 67; and, column 15, lines 32 – 45) (e) facilitating the display of the patient medication information and profile information to a user other than the patient wherein the patient possesses information to access the data processing system in order to display the patient medication information and the patient provides

the information to access the data processing system to the user so that the user accesses the data processing system in order to display the patient medication information (column 10, lines 28 – 31).

Goetz fails to teach a method comprising (a) entering into a data processing system patient medication information originating from a health care provider previously distributing medication to a patient.

Hacker teaches a method comprising (a) entering into a data processing system patient medication information originating from a health care provider previously distributing medication to a patient (column 8, lines 4 – 7);

The motivation for combining the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

In regard to claim 19 (Original), Goetz teaches a method of providing medication information as per claim 18.

Goetz fails to teach a method wherein step (a) further comprises entering into the data processing system patient medication information from a plurality of health care providers previously distributing medication to the patient.

Hacker teaches a method wherein step (a) further comprises entering into the data processing system patient medication information from a plurality of health care providers previously distributing medication to the patient (column 8, lines 4 – 13).

The motivation for combining the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

Claim 20 is cancelled.

In regard to claim 21 (Currently Amended), Goetz teaches a method, as per claim 20, wherein the profile information includes at least one of the medication side effects that is severe, a severe drug-drug

interaction of the medication, and a therapeutic class of the medication (column 10, lines 45 – 59 and column 15, lines 32 - 49).

In regard to claim 22, Goetz teaches a method, as per claim 18, wherein in step (a) patient medication information further comprises: a name of a medication in use by the patient (column 6, line 56), an administration dose of the medication (column 6, line 57), a name of a health care provider that prescribed the medication (column 6, line 61), an original date of a prescription for the medication (column 6, line 62), a set of instructions for administering the medication (column 6, line 60), and compliance information for the medication (column 6, lines 31 – 67). The invention disclosed by Goetz claims that the memory will contain at least the information listed, therefore it would be obvious to include the exhaustion of a prescription.

Goetz does not expressly show a date of exhaustion of the prescription for the medication.

However, this difference is only found in the nonfunctional descriptive material and does not alter the function of the method (i.e. the descriptive material does not change the method). Thus, the descriptive material will not distinguish the claimed invention from the prior art in terms of patentability, see *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983; *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a date of exhaustion of the prescription for the medication because it does not alter how the method functions and does not patentably distinguish the claimed invention.

In regard to claim 23 (Currently amended), Goetz teaches a medical information database, comprising: a patient profile database including for each of a plurality of patients a patient profile, including: consequential information including identification of any drug-drug interactions of the prescribed medications, wherein the any identified drug-drug interactions having a severity classification of less than moderate are suppressed (column 12, lines 1 - 12 and column 15, liens 32 - 49).

Goetz fails to teach a database comprising medication specific data on a plurality of medications which have been prescribed for the patient and a secured access to the patient profile database, requiring entry of patient, identification information and user password information in order for a user to gain access to the identified patient's profile.

Hacker teaches a database comprising medication specific data on a plurality of medications which have been prescribed for the patient (Hacker: column 11, lines 19 – 31) and a secured access to the patient profile database, requiring entry of patient, identification information and user password information in order for a user to gain access to the identified patient's profile (Hacker: Column 7, line 24 through column 8, line 17).

The motivation for combining the teachings of Goetz and Hacker is discussed in the rejection of claim 4, and incorporated herein.

In regard to claim 24 (Original), Goetz teaches a database, as per claim 23, wherein the consequential information further includes side effects of the medications (column 6, lines 45 – 58 and line 59).

In regard to claim 25 (Original), Goetz and Hacker teach the database of claim 23. Goetz and Hacker fail to teach a database wherein the consequential information further includes identification of multiple medications in a therapeutic class as a possible indication of duplicative medication.

Mayaud teaches a database wherein the consequential information further includes identification of multiple medications in a therapeutic class as a possible indication of duplicative medication (column 28, lines 17 – 30).

The motivation to combine the teachings of Goetz, Hacker, and Mayaud is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 26 (Original), Goetz and Hacker teach the database of claim 23. Goetz and Hacker fail to teach a database wherein the consequential information further includes identification of disease drug contra indications.

Mayaud teaches a database wherein the consequential information further includes identification of disease drug contra indications (column 14, lines 28 – 42).

The motivation to combine the teachings of Goetz, Hacker, and Mayaud is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 27 (Original), Goetz teaches the database of claim 23, wherein: the medication specific data includes information indicative of actual patient usage of the prescribed medications (Figures 37 – 43; column 2, line 65 through column 3, line 11 and column 6, liens 29 - 67); and the consequential information includes information regarding the indicated actual patient usage of prescribed medications (column 4, line 35 through column 5, line 15).

In regard to claim 28 (Original), Goetz teaches the database of claim 23, wherein the secured access permits a selected class of users to access less than all of the consequential information in the patient profile (Figure 13; column 2, lines 52 – 65; column 5, lines 12 – 15; and, column 10, lines 28 – 47).

In regard to claim 29 (New), Goetz teaches the method of claim 8 further comprising: comparing the patient's medication information to a drug side effect database to identify severe, moderate, and mild drug side effects (column 2, lines 11 – 21 and column 6, lines 1 – 19); and compiling in the data system only the severe and moderate drug side effects (Figures 23 and 44; column 12, lines 1 – 21; column 32 – 45; column 15, lines 58 – 67; and, column 16, 6 - 32.

In regard to claim 30 (New), Goetz and Hacker teach the method of claim 15. Goetz and Hacker fail to teach a method further comprising: analyzing the patient medication information to extract at least one disease treated by medications described in the patient medication information; and identifying

disease/drug contra-indications according to the patient medication information and the at least one disease.

Mayaud teaches a method further comprising: analyzing the patient medication information to extract at least one disease treated by medications described in the patient medication information (column 24, lines 10 – 18); and identifying disease/drug contra-indications according to the patient medication information and the at least one disease (column 14, lines 28 – 48 and column 32, lines 29 – 64).

The motivation to combine the teachings of Goetz, Hacker, and Mayaud is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 31 (New), Goetz and Hacker teach the method of 23. Goetz and Hacker fail to teach a method wherein the consequential information further includes any disease/drug contra-indications as identified by comparing at least one disease, treated by one or more of the plurality of medications, to each of the plurality of medications.

Mayaud teaches a method wherein the consequential information further includes any disease/drug contra-indications as identified by comparing at least one disease, treated by one or more of the plurality of medications, to each of the plurality of medications (column 32, lines 29 – 64).

The motivation to combine the teachings of Goetz, Hacker, and Mayaud is discussed in the rejection of claim 1, and incorporated herein.

***Response to Arguments***

7. Applicant's arguments filed June 24, 2008 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filled June 24, 2008.

In response to Applicant argument, it is respectfully submitted that the Examiner has applied new prior art to amended claims 1 – 4, 6 – 8, 11, 13, 15, 18, 21, and 23 at the present time. The Examiner notes that the amended limitations were not in the previously pending claims as such; Applicant's

remarks with regard to the application of Goetz and Hacker to the amended limitations are moot in light of the addition of the Mayaud reference.

***Conclusion***

8. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/Robert Morgan/
Examiner, Art Unit 3626